

**Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions**

A Public Document

1. Agency Name City of Lemon Grove		Date Stamp RECEIVED SEP - 1 2018	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) City Managers Department			
Designated Agency Contact (Name, Title) Lydia Romero, City Manager		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small>	
Area Code/Phone Number 619-825-3800	E-mail lromero@lemongrove.ca.gov		

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 90.00

Event Description: 36th Annual Memorial Banquet Date(s) 09 / 08 / 18
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: John S. Lyons Foundation
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: _____
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
	City of Lemon Grove Office of the Mayor	1	Performance of a ceremonial role or function representing the City at the event (Applicable City Policy 5.3, [a])

B.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>

C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Lydia Romero Lydia Romero City Manager 9-1-2018
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____

**Agency Report of:
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1. Agency Name City of Lemon Grove		Date Stamp RECEIVED AUG 20 2018	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) City Managers Department			
Designated Agency Contact (Name, Title) Lydia Romero, City Manager			
Area Code/Phone Number 619-825-3800	E-mail lromero@lemongrove.ca.gov	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 100.00

Event Description: 6th Annual Gala Date(s) 09 / 14 / 18
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: IAMBKCDC
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: _____
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

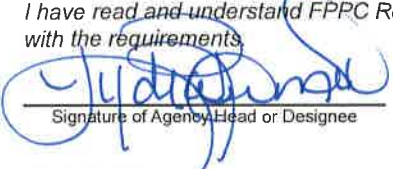
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
City of Lemon Grove Office of the Mayor	1	Performance of a ceremonial role or function representing the City at the event (Applicable City Policy 5.3, [a])

B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>

C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.



 Signature of Agency Head or Designee

 Lydia Romero
 Print Name

 City Manager
 Title

 08/20/18
 (month, day, year)

Comment: _____

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

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1. Agency Name City of Lemon Grove		Date Stamp RECEIVED AUG 06 2018	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) City Managers Department			
Designated Agency Contact (Name, Title) Lydia Romero, City Manager		<input type="checkbox"/> Amendment (Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number 619-825-3800	E-mail lromero@lemongrove.ca.gov		

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 75.00

Event Description: 56th Annual Dinner Dance Date(s) 9, 22, 18
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: APWA San Diego & Imperial Counties Chapter
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: _____
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
City of Lemon Grove Office of the Mayor	2	Performance of a ceremonial role or function representing the City at the event (Applicable City Policy 5.3, [a])
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

	Lydia Romero	City Manager	<u>08/16/18</u>
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: _____

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1. Agency Name City of Lemon Grove <hr/> Division, Department, or Region (if applicable) City Managers Department <hr/> Designated Agency Contact (Name, Title) Lydia Romero, City Manager <hr/> <table style="width:100%;"> <tr> <td style="width:50%;">Area Code/Phone Number</td> <td style="width:50%;">E-mail</td> </tr> <tr> <td>619-825-3800</td> <td>lromero@lemongrove.ca.gov</td> </tr> </table>		Area Code/Phone Number	E-mail	619-825-3800	lromero@lemongrove.ca.gov	Date Stamp RECEIVED AUG 06 2018 CITY MANAGER DEPARTMENT <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)
Area Code/Phone Number	E-mail					
619-825-3800	lromero@lemongrove.ca.gov					

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 75.00

Event Description: 16th Annual Women in Leadership Date(s) 09 / 28 / 18
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: San Diego East County Chamber of Commerce
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: _____
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
City of Lemon Grove Office of the Mayor	1	Performance of a ceremonial role or function representing the City at the event (Applicable City Policy 5.3, [a])
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
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C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

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 _____ <small>Signature of Agency Head or Designee</small>	Lydia Romero _____ <small>Print Name</small>	City Manager _____ <small>Title</small>	<u>08-9-18</u> _____ <small>(month, day, year)</small>
Comment: _____			